



TEXAS STATE BOARD OF PODIATRIC MEDICAL EXAMINERS

Mailing Address: P.O. Box 12216, Austin, TX 78711-2216

Physical Address: 333 Guadalupe Street, Suite 2-320, Austin, TX 78701

Phone: (512) 305-7000 **Fax:** (512) 305-7003

Website: www.tsbpme.texas.gov

PODIATRIC PHYSICIAN (DPM) LICENSE RENEWAL FORM

<u>DO NOT WRITE IN THIS BOX</u>	
Fee Received: _____ 20 _____	Check Number _____
Amount _____	
Renewal Certificate No. _____	Issued: _____ 20 _____

FY 2015 DPM OFFICIAL RENEWAL NOTICE (September 1, 2014 @ 12:00 a.m.)

www.tsbpme.texas.gov/licensing.license_renewals.htm

- ♦ Find/Verify your "License Status" [HERE](http://www.tsbpme.texas.gov/verification.online_verification.htm).
(www.tsbpme.texas.gov/verification.online_verification.htm)

► "DELINQUENT" LICENSE STATUS FROM FY 2014:

\$1,554.00 Renewal Fee + Late Fee (**Phase 3**) if postmarked by November 1, 2014.
FY 2014 "Delinquent" Licenses will be "Cancelled" effective November 2, 2014 @ 12:00 a.m. for failure to renew for FY 2014 & for FY 2015.

► "ACTIVE" LICENSE STATUS FOR FY 2015:

\$520.00 Renewal Fee if postmarked between September 1, 2014 - November 1, 2014.

► "DELINQUENT" LICENSE STATUS FOR FY 2015:

\$777.00 Renewal Fee + Late Fee (**Phase 1**) if postmarked between November 2, 2014 – February 1, 2015.

\$1,034.00 Renewal Fee + Late Fee (**Phase 2**) if postmarked between February 2, 2015 – August 31, 2015.

1. Please Remit Payment along with this Form to the mailing address listed above. **(There is NO FEE for "Active Duty U.S. Military Personnel".)**
2. Annual License Renewal Certificates must be secured on or before the first day of NOVEMBER of each year to remain in "Active" status.
3. Your DPM License and Annual Renewal Certificate must be displayed in office where licensee practices.
4. The Board must be kept informed of any address and/or telephone number changes (Board Rule §375.27). A "Change Your Address" form is available on the Board's website at www.tsbpme.texas.gov.
5. CME hours must be current in order to renew your license. The Board will conduct random audits of CME documentation to ensure compliance. DO NOT SEND ANY CME's TO BOARD UNLESS REQUESTED.
6. We strongly encourage all licensees to renew their licenses online at www.tsbpme.texas.gov.

[PLEASE PRINT OR TYPE ALL INFORMATION]

◆ License Number: _____

◆ Expiration Date: November 1, 2014 @ 11:59 p.m.

◆ NAME: _____
(First) (Middle) (Last)

◆ Date of Birth: _____ (mm/dd/yyyy) ◆ Social Security No: _____

The renewed license will be sent to your "Mailing Address". When entering a "Foreign Address", make any notes in the "Comments" section (as well as any other comments). "Mailing, Home & Primary Business Addresses" are required to move forward within the application. NOTE: Your "Mailing Address" will be provided to the public on request. **Do not** use your "Home Address" as your "Mailing Address" if you do not wish the public to have it.

◆ COMMENTS: _____

◆ MAILING ADDRESS: _____

(City) (State) (Zip)

County: _____

Phone: (____) _____ Fax: (____) _____

E-Mail: _____

◆ HOME ADDRESS: _____

(City) (State) (Zip)

County: _____

Phone: (____) _____ Fax: (____) _____

E-Mail: _____

◆ OFFICE ADDRESS:
(Primary Business) _____

(City) (State) (Zip)

County: _____

Phone: (____) _____ Fax: (____) _____

E-Mail: _____

◆ **QUESTIONS:**

1. Since the last renewal, have you been convicted, given probation (whether deferred or not), fined or has a criminal indictment or information been filed against you for a felony or misdemeanor involving moral turpitude or other crime? **Yes** _____ **No** _____
2. *If you answered "Yes" in Question #1, please provide full details of the matters in an attachment to this application. Include case, title, cause number, date filed, and court.*
3. Since the last renewal, have you been sued for medical malpractice or other private civil action alleging medical malpractice? **Yes** _____ **No** _____
4. *If you answered "Yes" in Question #3, please provide full details of the matters in an attachment to this application. Include case, title, cause number, date filed, and court.*
5. If your 50 CME hours are due this renewal period, do you attest and affirm that you have obtained the required 50 hours of board approved CME as required by board rule to renew your license?
_____ **Yes I have obtained my 50 CME hours.** _____ **No I do not have all of my CME hours.**
_____ **My CME hours are not due until next year.**
6. Are all your patient service areas accessible to disabled persons as defined by federal law?
Yes _____ **No** _____
7. Describe any language translating services (Spanish, hearing impairment, etc.) that you provide for your patients:

8. What insurance plans do you accept, including participation in the State Child Health Plan under Chapter 62 of the Health & Safety Code, or the Medicaid program: (Please list your Top 11.)

9. Please list any education and training you have received (College degrees, advanced degrees/training, completion of residency program(s), etc):

10. What specialty certifications do you have and what specialty boards do you belong to:

11. In what states have you practiced podiatric medicine and for how many years in each:

12. Please list all hospitals and other locations at which you have surgical privileges:

13. Federal Employers Identification Number (FEIN): _____

14. Drug Enforcement Administration (DEA) Number(s): _____

15. Medicare Provider/Supplier Identification Number(s): _____

16. Medicaid Provider/Supplier Identification Number(s): _____

17. Unique Physician Identification (UPIN) Number(s): _____

18. National Provider Identification (NPI) Number(s): _____

19. Do you have demonstrated experience in Worker's Compensation or Utilization Reviews?

Yes _____ No _____

◆ **REQUIRED CME AFFIRMATION**

This affirmation must be signed and dated by you only if you were licensed in an **EVEN** numbered year. If so, you must have obtained 50 hours of approved CME's before your license will be renewed. If this affirmation is not signed, your license will not be renewed and your renewal form will be returned to you as "INCOMPLETE".

On _____, I _____, DPM do hereby attest and affirm that
(Today's Date) (Signature)

I have obtained the required 50 hours of approved CME's that are required by the Board Rules to renew my license to practice podiatric medicine in the State of Texas.

◆ **ACKNOWLEDGEMENT OF LICENSE RENEWAL**

I certify that the information I have provided on this application is True and Correct. I understand it is a criminal violation (Texas Penal Code §37.10) to submit a false statement to a governmental agency. I understand that practicing with a "Delinquent" or "Cancelled" license can result in the loss of clinical privileges, and severe administrative & criminal penalties.

Signature: _____

Date: _____

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